# **CF** 51-01

# Instructions: For-Profit Corporation Articles of Incorporation

### Contact: Kansas Office of the Secretary of State

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594

(785) 296-4564 kssos@sos.ks.gov www.sos.ks.gov

#### Save time and money by filing your articles of incorporation online at www.sos.ks.gov

All information on the articles of incorporation must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.
1. FILING FEE: The filing fee for this document is \$90.
2. PAYMENT: Please enclose a check or money order payable to the Secretary of State. Articles received without the appropriate fee will not be accepted for filing. Please do not send cash. Also, to expedite processing, please do not use staples on your documents or to attach checks.
3. <b>CORPORATION NAME</b> : A word of incorporation must be included in the name per K.S.A. 17-6002. Kansas Statutes can be reviewed at www.kslegislature.org.
4. <b>RESIDENT AGENT</b> : The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
5. <b>REGISTERED OFFICE</b> : The registered office is the address where the resident agent is located.
6. MAILING ADDRESS: The mailing address is where you would like to receive official mail from the Secretary of State's office.
7. STOCK: You must have at least one share of stock. Number of shares can only be a numerical value.
8. INCORPORATORS: An incorporator can be either an individual or a business. This person or entity is responsible for the formation of the business created by this filing. The incorporator is not necessarily the owner and his/her role in the business may cease as soon as the filing is made.
9. <b>DIRECTORS</b> : The directors section (question 8) must be completed if the incorporator's power terminates once the document is filed.
10. <b>SIGNATURES</b> : If the incorporator is an individual, the signature must match exactly the name listed in the incorporator's section (question 7). If the incorporator is a business, the signature of an individual authorized to sign for the business would be required. Do not enter the business name in the signature field.
STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.
<b>NOTICE</b> : There is a \$25 service fee for all checks returned by your financial institution.  All information must be completed or this document will not be accepted for filing.

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#### KANSAS SECRETARY OF STATE

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Above space is for office use only.



**INSTRUCTIONS**: All information must be completed or this document will not be accepted for filing. **Please read instructions sheet before completing.** 

1. Name of the corporation:								
2. Name of the resident agent and address of the								
registered office in Kansas: Address must be a street address	Name Street Address  Kansas							
A P.O. box is unacceptable	City			State	Zip			
3. Mailing address: Address will be used to send								
official mail from the Secretary of State's office	Attention Na	те		Ad	dress			
	City			State	Zip	Country		
4. Tax closing month:				_				
5. Nature of corporation's business or purpose:								
6. Total number of shares that this corporation is authorized to issue:					par value of par value of			
		shares of	stock, class		without nominal or	r par value		
		shares of	stock, class		without nominal or	r par value		
		_	signations, powers hority to be given t	_		ctions applicable to any class		

7. Name and mailing address of each incorporator:  Do not leave blank	1)											
If additional space is needed please provide an attachment	Mailing address 2)		City		S	State	Zip	Country				
	Name  Mailing address		City		S	State	Zip	Country				
	3)Name											
	Mailing address		City		S	State	Zip	Country				
8. Name and mailing address of the board of directors: This must be completed if the incorporator's power terminates	1)											
once this document is filed  If additional space is needed please provide an attachment	Mailing address  2) Name		City		S	tate	Zip	Country				
	Mailing address  3) Name		City		S	tate	Zip	Country				
	Mailing address		City		S	tate	Zip	Country				
9. Duration of the corporation:	Perpetual  Date the corporation w			Devi	V	_						
<b>10. Effective date:</b> A future effective date must be	Upon filing	IMO	nth	Day	Year							
within 90 days of filing date	Future effective date	Month	Day	Year								
11. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I/we have remitted the required fee. Signatures must correspond exactly to the names of the incorporators listed in number 7.												
Signature of incorporator			Date (month, day, year)									
Signature of incorporator			Date (mont)	h, day, year)								
Signature of incorporator			Date (month	, day, year)								